

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018415

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 74Primary Registration District No. 4-134Registrar's No. 24

FILED JUN 4 1962

1. PLACE OF DEATH

a. COUNTY Clintonb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Plattsburg, MoLength of stay in 1b
4 yrs2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Clintonc. CITY
OR TOWN PlattsburgInside Limits
Yes ☐ No ☐c. FULL NAME OF (IF NOT in hospital, give location)
HOSPITAL OR INSTITUTION 605 LocustInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
605 LocustReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Nell

Middle

Inez

Last

Reardon

4. DATE OF DEATH

Month

Day

Year

May 28, 19625. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
Oct. 25, 18759. AGE (last birthday)
86IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Homemaker10b. KIND OF BUSINESS OR INDUSTRY
xx xx11. BIRTHPLACE (City and state or country)
Plattsburg, Mo.12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Edward McKenna

13b. MOTHER'S MAIDEN NAME

Mary Brady

14. NAME OF HUSBAND OR WIFE

Ommett Reardon15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
[REDACTED]

17. INFORMANT

Address

Mrs. James Mallen, Plattsburg, Mo.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral HemorrhageINTERVAL BETWEEN ONSET AND DEATH
3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertensive Cardio-Vascular Dis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Generalized Arteriosclerosis 8 yrs.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.).

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from August 16 1956 to May 28, 1962 last saw her alive on May 28, 1962
Death occurred at 11:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

John P. Mahoney M.D.

22b. ADDRESS

Plattsburg, Mo.

22c. DATE SIGNED

May 29 196223a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

May 30, 1962

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town or county)

Plattsburg, Missouri

(Site)

24. FUNERAL DIRECTOR

ADDRESS

Syon Funeral Home, Inc., Plattsburg, MO 5-30-1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Mary W Seearce

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/596-2-502-2-52

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JUN 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Philip E. Cox

Licensed Embalmer No. 4993

P. O. Address Plattsburgh, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.